nclude this	 Resolution #: Index Code: N Special Distric 	/arious –	tar # 14-0 Charge T	o #: No Cha	C # N/A rge
your billing description.	> Project > Description:	Assessment Resolu Assessments	tion and Hea	aring – CSA #2	2 Benefit
	CONTRA	CT ROUTI	NG S	HEET	
PROCESSING DE			CONTRAC		
Department:		Finance Division	Name:		ent Resolution
Dept. Contact: Phone:	Ruth Young x5934		Address:		ng – CSA #2 es of Benefit,
Authorized		· /	/\u0030.		r 2014/2015
Signature:	Kutty	ming	Phone:		
	Ruth Young Chief Fiscal Office	r, CDA Administration 8	k Finance Div	ision	
	DEPARTMENT:	CDA, Administration	n & Financo		
Service Requested Contract Term:	i of Counsel/Risk:	Review & Approv		ndment Amo	unt: \$
Compliance with H		Requirements?	Yes:		No: 📮
Compliance verifie	ed by:	N/A - Resolution	-		<u> </u>
	Disapproved: Disapproved:	Date: Date:	5/22/14	By:	
		Date: Date:	2/22/19	By:	
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